

APPLICATION FOR EMPLOYMENT

Jasper County, Texas

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Position Applied For: _____ Date of Application: _____

How Did You Learn About Us?

Advertisement Friend Walk-In
 Employment Agency Relative Other _____

Last Name _____ First Name _____ Middle Name _____

Address _____ City, State _____ Zip Code _____

Telephone Number(s) _____ Social Security Number _____

Have you ever applied for employment with us?
 Yes No If Yes: Month and Year _____ Location _____

Spouse's Name (if any) Last _____ First _____ Middle _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of Citizenship or Immigration will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay off" status and subject to recall? Yes No

Do you have a dependable means of transportation to and from work? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain _____

Are you a Veteran of the U.S. Military Service? Yes No If Yes, Branch _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Any applicant who is applying for a position whose major responsibilities include operating a motor vehicle must list all unexpired licenses and permits below.

State	License Number	Type and Restrictions	Expiration Date

Any applicant, who is applying for a position on a Road & Bridge, Precinct Crew please list all heavy equipment that you know how to operate.

I, the undersigned, certify that I have read, personally completed, and fully comprehend this form in its entirety and that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that should any statement I have made prove false, misleading or erroneous, it may result in the rejection of my application or discharge from Jasper County. In submitting this application, I further understand that it becomes the property of Jasper County and will not be returned.

I understand that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

EDUCATION

	Name & Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary				
High School				
College				
Other (specify)				

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

Company Name	Telephone
Address	Employed (State Month and Year) From _____ To _____
Name of Supervisor	Weekly Pay Start _____ Last _____
State Job Title and Describe Your Work	Reason for Leaving
_____	_____
_____	_____

Company Name	Telephone
Address	Employed (State Month and Year) From _____ To _____
Name of Supervisor	Weekly Pay Start _____ Last _____
State Job Title and Describe Your Work	Reason for Leaving
_____	_____
_____	_____

Company Name	Telephone
Address	Employed (State Month and Year) From _____ To _____
Name of Supervisor	Weekly Pay Start _____ Last _____
State Job Title and Describe Your Work	Reason for Leaving
_____	_____
_____	_____

Company Name	Telephone
Address	Employed (State Month and Year) From _____ To _____
Name of Supervisor	Weekly Pay Start _____ Last _____
State Job Title and Describe Your Work	Reason for Leaving
_____	_____
_____	_____

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Give name, address and telephone number of three references who are not related to you and are not previous employers.

NAME	ADDRESS	TELEPHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____

List professional, trade, business, or civic activities and offices held.
(You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or disability or other protected status.)

Special Qualifications (Include active technical/professional licenses and number, academic or professional awards.)

If applying for an office/clerical position please fill in the following:

Typing _____ WPM	Shorthand _____ WPM
List all office machines that you know how to operate.	

List all computer programs that you know how to use.	

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